Mark Scarbo	m. A	Ass	Sen 5/1	7
Candidate's Name (print)	-7	Office		District (if applicable)

# Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK ✓ IF LOAN	CHECK ✓ IF IN KIND
None				
			•	

Mark Searborn Assundy a

Candidate's Name (print)

Office

District (if applicable)

## Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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Candidate's Name (print)

Office

Assubly

District (if applicable)

# **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	0
Expenses related to volunteers	В	0
Expenses related to travel	С	0_
Expenses related to advertising	D	0
Expenses related to paid staff	E	٥
Expenses related to consultants	F	0
Expenses related to polling	G	0
Expenses related to special events	н	٥
Goods and services provided in kind for which money would otherwise have been paid	I	0
Other miscellaneous expenses	l	<b>D</b>

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Mark S	carboral	Assensly	9
Candidate's Name (print)	Office	District (	if applicable)

# Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
EXPENSE(S)			and the state of t
None			
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Mark Scark	era /	
Candidate's Name (print)	Office	District (if applicable)

# Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY	Townson Action	DATE OF EACH EXPENSE
None	· <u>-</u>			
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DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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